

TO: _____
(District Extension Director / Unit or Department Head)

FROM: _____

SUBJECT: REQUEST TO TAKE GRADUATE COURSE

I have received Extension approval for graduate study as specified below:

1. Name of Institution: _____
2. Degree: _____
3. Major Subject Area: _____

Request to take the following course:

Course Number: _____ Course Title: _____

Semester: _____ Year: _____

University / College Class Site: _____

Comments:

Recommend Approval:

County Extension Coordinator Date

Approved:

District Extension Director / Unit or Department Head Date

(To be completed for each course taken)